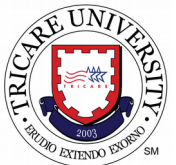




Module 14: Claims & Appeals



Module Objectives

After this module, you should be able to:

- **Describe the purpose of a claim**
- **Explain who can file claims and where claims should be submitted**
- **Describe how to resolve claims issues**



Claims

- Claims are filed to issue payment for services or supplies provided by civilian sources of medical care which may include, but are not limited to:
 - Physicians
 - Hospitals
 - Skilled nursing facilities
 - Pharmacies
 - Ambulance companies
 - Laboratories
 - Physical therapy facilities
 - Vendor pharmacies
 - Veterans affairs treatment facilities
 - Other TRICARE-authorized providers



Who Can File a Claim

Authorized providers may file claims:

- An authorized provider is one approved under TRICARE for services or supplies provided to a beneficiary and receive payment directly from TRICARE
 - Institutional providers include hospitals and nursing facilities
 - Professional providers include an independent provider or group practice
 - TRICARE denies claims from non-authorized providers

Beneficiaries may file claims:

- Any TRICARE-eligible beneficiary
 - A spouse, parent, or legal guardian of a minor (under age 18) or incompetent beneficiary submits a claim on behalf of the beneficiary, unless otherwise specified



Filing Claims

- To file a claim, beneficiaries should submit a Patient's Request for Medical Payment form (DD Form 2642) to the appropriate claims processing contractor
- Beneficiaries should complete all areas on the claim form and include:
 - The sponsor's social security number
 - Home address
 - Phone number
 - Other pertinent information needed
- There are two major claims processing contractors for TRICARE:
 - Palmetto Government Benefits Administration (PGBA)
 - ❑ Handles claims for the North and South regions
 - Wisconsin Physicians Service (WPS)
 - ❑ Handles claims for the West and Overseas regions, as well as TRICARE for Life claims (regardless of stateside region)



Filing Deadlines

- Claims should be filed within one (1) year of the date of service or date of discharge from inpatient care
- Beneficiaries should file a claim as soon as possible after care was rendered
- Beneficiaries may ask their civilian provider to file the claim



Explanation of Benefits

- After submitting a claim, the beneficiary and provider each receive an Explanation of Benefits (EOB) from the claims processor within 60 days after care was rendered showing how the claim was settled
- Beneficiaries should check each EOB carefully and compare the bill from the provider against the EOB
- Beneficiaries should contact the claims processing contractor if they believe they were charged for a service they never received



Resolving Claims Issues

- The first step a beneficiary should take to resolve claims issues is to call the regional contractor or visit a local TRICARE Service Center (TSC) for assistance
- If the claim issue remains unresolved, the beneficiary may contact a Military Treatment Facility or TRICARE Regional Office Beneficiary Counseling and Assistance Coordinator (BCAC)
- If the claim issue is still unresolved, beneficiaries may contact the TRICARE claims processing contractor



Congratulations! You've Completed Module 13: Claims and Appeals

You should now be able to:

- **Describe the purpose of a claim**
- **Explain who can file claims and where claims should be submitted**
- **Describe how to resolve claims issues**

